

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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1397375.06
Michael G. Adams
Secretary of State
Received and Filed
9/24/2024 12:00:00 AM
Fee receipt: \$90

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a **limited liability company**.

2. The name of the entity is

Massanois LLC

3. The name of the entity to be used in Kentucky is

Massanois LLC

4. The state or country under whose law the entity is organized is **New York**.

5. The date of organization is **10/27/2011** and the period of duration is **perpetual**.

6. The mailing address of the entity's principal office is

443 Park Ave S Rm 501, New York, NY 10016

7. The name of the initial registered agent is

Tramonte & Sons

and the street address of the entity's initial registered office in Kentucky is

515 W 9th St Unit A408, Newport, KY 41071

8. The names and business addresses of the entity's representatives:

Registered Agent	Tramonte & Sons	515 W 9th St Unit A408, Newport, KY 41071
Authorized Rep	Nicole Robarts	443 Park Ave S Rm 501, New York, NY 10016
Manager	Benjamin Fischbach	443 Park Ave S Rm 501, New York, NY 10016

9. This entity is managed by **Managers**.

10. This filing will be effective on **Tuesday, September 24, 2024**.

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of individual signing on behalf of **Authorized Rep:**
Nicole Robarts

I, **Amy Trivisonno**, consent to sign for **Tram**
serves as the Registered Agent on behalf of
September 24, 2024.

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